

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

12

18

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2009</div>		336659.40
(b) Cash on Hand at Beginning of Reporting Period	553170.57	
(c) Total Receipts (from Line 19)	48544.39	1032596.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	601714.96	1369256.00
7. Total Disbursements (from Line 31)	102964.53	870505.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	498750.43	498750.43
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	43586.64	901979.80
(ii) Unitemized	4943.00	126354.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48529.64	1028333.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	48529.64	1028333.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	14.75	762.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48544.39	1032596.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48544.39	1032596.60

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	1950.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	1950.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102500.00	856500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	3536.66	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3536.66	
29. Other Disbursements.....	464.53	8518.91	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	102964.53	870505.57	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102964.53	870505.57	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	48529.64	1028333.90
34. Total Contribution Refunds (from Line 28(d))	0.00	3536.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48529.64	1024797.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1950.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Guttentag

Mailing Address Albert Einstein Medical Center
5501 Old York Rd

City State Zip Code
Philadelphia PA 19141-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Einstein HealthCare
Network

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 32125917

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank Hayden, JR

Mailing Address 101 Babbs Hollow

City State Zip Code
Greenville SC 29607-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comanche County Memorial
Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 32125920

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Miller

Mailing Address 1307 White Horse Rd Ste A102

City State Zip Code
Voorhees NJ 08043-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 32125921

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey T. Hall

Mailing Address St Alphonsus Regional Med Center
1055 N Curtis Rd

City State Zip Code
Boise ID 83706-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.34

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 32125922

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Day

Mailing Address 13012 Covered Bridge Rd

City State Zip Code
Sellersburg IN 47172-8604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: 32234016

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Tuite

Mailing Address 7699 Leta Way

City State Zip Code
Verona WI 53593-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Wisconsin
Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: 32234017

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Schaaf

Mailing Address Wake Radiology
3949 Browning Pl

City Raleigh State NC Zip Code 27609-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: 32234018

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Sue

Mailing Address 1481 S King St Ste 202

City Honolulu State HI Zip Code 96814-2692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yeoh & Muranaka, MD, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: 32234119

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Neal Abdullah

Mailing Address 3115 Forrester S

City Bloomington State IN Zip Code 47401-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Indiana Radiolog-
ical Associat

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: 32234123

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Westgate

Mailing Address Ellis Fischel Cancer Center
 115 Business Loop 70 W

City State Zip Code
 Columbia MO 65203-3299

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 9

Transaction ID: 32234127

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ole Sami Aassar

Mailing Address 1031 Ardsley Rd

City State Zip Code
 Charlotte NC 28207-1815

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Charlotte Radiology

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282894

Amount of Each Receipt this Period

185.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Alpert

Mailing Address 3219 Seven Eagles Rd

City State Zip Code
 Charlotte NC 28210-5938

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Charlotte Radiology

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282895

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

811.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ross Bellavia

Mailing Address 8618 Longview Club Dr

City

Waxhaw

State

NC

Zip Code

28173-6821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282896

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christina Chaconas

Mailing Address 3908 Foxcroft Rd

City

Charlotte

State

NC

Zip Code

28211-3757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282897

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. C Chang

Mailing Address 7113 Fairway Vista Dr

City

Charlotte

State

NC

Zip Code

28226-6870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282898

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Clemente

Mailing Address 1620 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU/Bellevue/VA Medical
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282899

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary De Filipp

Mailing Address Charlotte Radiology PA
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282900

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Matthew Gromet

Mailing Address Charlotte Radiology PA
3030 Latrobe Dr

City

Charlotte

State

NC

Zip Code

28211-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282901

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Olin Harbury

Mailing Address Charlotte Radiology
3030 Latrobe DrCity State Zip Code
Charlotte NC 28211-4867FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	9	

Transaction ID: 32282902

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Hees

Mailing Address 119 Saint Mellions

City State Zip Code
Pinehurst NC 28374-8104FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	9	

Transaction ID: 32282903

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kimberly Hendrix

Mailing Address 352 Sycamore Ridge Rd NE

City State Zip Code
Concord NC 28025-7806FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	9	

Transaction ID: 32282904

Amount of Each Receipt this Period

266.00

SUBTOTAL of Receipts This Page (optional)

1014.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Howard

Mailing Address 6632 Summer Darby Lane

City

Charlotte

State

NC

Zip Code

28270-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282905

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. John D. Howard

Mailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282906

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeremy Jones

Mailing Address 1644 Windy Ridge Rd

City

Charlotte

State

NC

Zip Code

28270-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Sinai Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282907

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Kelley

Mailing Address 2500 Maynard Rd

City

Charlotte

State

NC

Zip Code

28270-0754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282908

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter Kravath

Mailing Address 127 N Tryon St Apt 406

City

Charlotte

State

NC

Zip Code

28202-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282909

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Fred Lassiter

Mailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282910

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Barry McGinnis

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282911

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

878.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282912

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Oliver, III

Mailing Address 4015 Winterberry PI

City State Zip Code
Charlotte NC 28210-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282913

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282914

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City

Charlotte

State

NC

Zip Code

28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282915

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Schneider

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City

Charlotte

State

NC

Zip Code

28211-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282916

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 17 / 85

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rajiv Sharma

Mailing Address 1228 Firethorne Club Drive

City

Waxhaw

State

NC

Zip Code

28173-6553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282917

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City

Charlotte

State

NC

Zip Code

28211-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282918

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Staab

Mailing Address 160 Pitch Pine Ln

City

Pinehurst

State

NC

Zip Code

28374-9217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282919

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Walter Steele

Mailing Address 2115 Foxcroft Woods Ln

City

Charlotte

State

NC

Zip Code

28211-2666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282920

Amount of Each Receipt this Period

446.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Stein

Mailing Address 7047 Whitemarsh Ct

City

Charlotte

State

NC

Zip Code

28210-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282921

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Ullrich

Mailing Address Charlotte Radiology PA
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282922

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1194.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Terry Wallace

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282923

Amount of Each Receipt this Period

266.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Carey Werthmuller

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282924

Amount of Each Receipt this Period

374.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282925

Amount of Each Receipt this Period

374.00

SUBTOTAL of Receipts This Page (optional)

1014.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 20 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Zuger

Mailing Address 6011 Bentway Dr

City

Charlotte

State

NC

Zip Code

28226-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282926

Amount of Each Receipt this Period

374.00

B.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282927

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City

Washington

State

DC

Zip Code

20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 9

Transaction ID: 32282928

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

459.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 21 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Randall Snyder, III

Mailing Address 7 Sheffield Ct

City

Medford

State

NJ

Zip Code

08055-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 32288008

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Cronk

Mailing Address 1505 Eagle Ridge Rd NE

City

Albuquerque

State

NM

Zip Code

87122-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Associates of NM,
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32300906

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kevin Cregan

Mailing Address Wayne Radiologists
2700 Medical Office Place

City

Goldsboro

State

NC

Zip Code

27534-9460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32301362

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Sloves

Mailing Address 4870 W Pinewild Rd

City

Reno

State

NV

Zip Code

89511-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32302082

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen Koller

Mailing Address 1119 Basin Harbor Rd

City

Bridport

State

VT

Zip Code

05734-9570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middleburg Radiologists
PLLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32302083

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Services,
Coralvill

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32302084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Harry

Mailing Address 136 Highview Rd

City

Stephenson

State

VA

Zip Code

22656-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32302085

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Fife

Mailing Address 256 NW Pacific Grove Dr

City

Beaverton

State

OR

Zip Code

97006-8352

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC/USC Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32302086

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raymond Tu

Mailing Address 1539 27th St NW

City

Washington

State

DC

Zip Code

20007-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32302179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Randall S. Winn

Mailing Address Reading Hospital & Med Ctr
PO Box 16052

City Reading State PA Zip Code 19612-6052

FEC ID number of contributing
federal political committee.**C**Name of Employer
West Reading Radiology As-
socOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 32305160

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cleveland Clinic Foundati-
onOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 32305161

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City Greer State SC Zip Code 29651-5065

FEC ID number of contributing
federal political committee.**C**Name of Employer
Greenville RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 32305162

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

332.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Tocci

Mailing Address 437 Triton Road

City

Ormond Beach

State

FL

Zip Code

32176-5459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305163

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City

Greenville

State

SC

Zip Code

29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305164

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Klioze

Mailing Address 7 Cypress Hollow Ln

City

Ormond Beach

State

FL

Zip Code

32174-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305165

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305219

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305220

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 879 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305221

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Buck

Mailing Address 272 Harrison Rd

City

Turtle Creek

State

PA

Zip Code

15145-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 32305222

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City

Middleton

State

WI

Zip Code

53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 32305223

Amount of Each Receipt this Period

36.50

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Thomas

Mailing Address 1636 Anita Ln

City

Newport Beach

State

CA

Zip Code

92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 32305224

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

106.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Wu

Mailing Address 8729 Valentine Ct

City

Raleigh

State

NC

Zip Code

27615-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305225

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305226

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gilbert Parker, JR

Mailing Address 2763 Brownfield Way

City

Sumter

State

SC

Zip Code

29150-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sumter Radiological, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305227

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City

Stevensville

State

MI

Zip Code

49127-9376

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates of
Berrie

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 32305228

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 32305230

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Imaging & Inter-
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 32305231

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)

310.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Montgomery

Mailing Address 45 Glenwood Rd

City

West Hartford

State

CT

Zip Code

06107-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305232

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City

Bellaire

State

TX

Zip Code

77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305235

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305236

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

150.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 2240 S. Elks Lane
Unit 55

City State Zip Code
Yuma AZ 85364-6284

FEC ID number of contributing
federal political committee.

C

Name of Employer
MDIG

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305237

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305238

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
Williamsville NY 14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windsong Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305239

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City State Zip Code
Saint Cloud MN 56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305244

Amount of Each Receipt this Period

312.50

B.

Full Name (Last, First, Middle Initial)

Dr. Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City State Zip Code
Gastonia NC 28054-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305245

Amount of Each Receipt this Period

67.50

C.

Full Name (Last, First, Middle Initial)

Dr. John Renz

Mailing Address Mobile Infirmary Medical Center
PO Box 2144

City State Zip Code
Mobile AL 36652-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mobile Infirmary Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305247

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Raymond A. Armstrong

Mailing Address Radiology of Huntsville

2006 Franklin St SE Ste 200

City

Huntsville

State

AL

Zip Code

35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Ctr-Montc-
lair

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305250

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Amy Sobel

Mailing Address 11104 Creek Point Dr

City

Matthews

State

NC

Zip Code

28105-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305252

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital

11800 E 12 Mile Rd

City

Warren

State

MI

Zip Code

48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305254

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City

Greenville

State

SC

Zip Code

29615-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305257

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Dr. Rita Freimanis

Mailing Address Wake Forest Univ Sch of Medicine
Medical Center Blvd

City

Winston Salem

State

NC

Zip Code

27157-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Sch of
Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305258

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City

Charlotte

State

NC

Zip Code

28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 32305259

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

108.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Hiken

Mailing Address 7109 Cove Pointe Pl

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 32305260

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Neil Kramer

Mailing Address 1621 Fort Duquesne Dr

City

Cherry Hill

State

NJ

Zip Code

08003-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: 32305483

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Helaina Semmler

Mailing Address 1307 White Horse Rd Ste A102

City

Voorhees

State

NJ

Zip Code

08043-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: 32305484

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1042.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Barry Shurman

Mailing Address 201 Windsor Ave

City

Elkins Park

State

PA

Zip Code

19027-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305485

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Amir Batouli

Mailing Address 324 Lantern Lane

City

Chambersburg

State

PA

Zip Code

17201-3299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305486

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Brill

Mailing Address 1389 4th Ave

City

Chambersburg

State

PA

Zip Code

17201-8147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305487

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Henry Ching

Mailing Address 854 Rosewood Ct

City

Chambersburg

State

PA

Zip Code

17201-2891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305490

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter J.W. Fang

Mailing Address 930 Dewberry Court

City

Chambersburg

State

PA

Zip Code

17201-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305491

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Pyatt, JR

Mailing Address 1391 Hearthside Dr

City

Chambersburg

State

PA

Zip Code

17201-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305494

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Philip J. Sabri

Mailing Address PO Box 693

City

Chambersburg

State

PA

Zip Code

17201-0693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305497

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Shivers

Mailing Address P O Box 693

City

Chambersburg

State

PA

Zip Code

17201-0693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Assoc
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305498

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

Dr. Niteen Sukerkar

Mailing Address 950 Dewberry Ct

City

Chambersburg

State

PA

Zip Code

17201-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305499

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Thane Toe Thane

Mailing Address P O Box 693

City

Chambersburg

State

PA

Zip Code

17201-0693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305500

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harold White

Mailing Address 2477 Sourek Rd

City

Akron

State

OH

Zip Code

44333-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging Servi-
ces, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305512

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harold Jones, JR

Mailing Address 2806 Bellevue Ave

City

Augusta

State

GA

Zip Code

30909-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305514

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Forrest Walker

Mailing Address 918 Johns Rd.

City

Augusta

State

GA

Zip Code

30904-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: 32305515

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Longe

Mailing Address 305 River Wind Dr

City

North Augusta

State

SC

Zip Code

29841-6092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: 32305516

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Henry Alperin

Mailing Address 1 Eagleton Ct

City

Augusta

State

GA

Zip Code

30909-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: 32305522

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jose Bauza

Mailing Address 3880 Inverness Way

City

Martinez

State

GA

Zip Code

30907-9433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305523

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Gregory Rogers

Mailing Address 3579 Oakmont Ct.

City

Martinez

State

GA

Zip Code

30907-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305524

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Warren Elam

Mailing Address 603 High Hampton Drive

City

Martinez

State

GA

Zip Code

30907-9149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305525

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stuart Prather, JR

Mailing Address 2916 Stratford Dr

City

Augusta

State

GA

Zip Code

30909-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305526

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Johnson

Mailing Address 2839 Lombardy Ct

City

Augusta

State

GA

Zip Code

30909-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305530

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Arrington

Mailing Address 137 Lakemont Dr

City

Augusta

State

GA

Zip Code

30904-3175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305531

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Larry Wells

Mailing Address 3718 Sapphire Dr

City

Martinez

State

GA

Zip Code

30907-9572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305532

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Brooks, III

Mailing Address PO Box 2172

City

Augusta

State

GA

Zip Code

30903-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305533

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Davis

Mailing Address 52 Chigoe Ln

City

Appling

State

GA

Zip Code

30802-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305534

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert McKellar

Mailing Address 3 Reid Ct

City

Augusta

State

GA

Zip Code

30909-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305537

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Huey Bullock

Mailing Address 3996 Hammonds Fry

City

Evans

State

GA

Zip Code

30809-8025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 32305538

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Medical Center
1900 South Ave C02-002

City

La Crosse

State

WI

Zip Code

54601-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 32364544

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

1083.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Roth

Mailing Address 1693 Montane Drive East

City

Golden

State

CO

Zip Code

80401-8094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Radiology of
CO., P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: 32365021

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	9	

Transaction ID: 32454831

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	9	

Transaction ID: 32454841

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

418.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 32454848

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 32454857

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 32454858

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 32454863

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 32454870

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Merritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 32468310

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

208.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City

Conyers

State

GA

Zip Code

30013-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475448

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City

Sewalls Point

State

FL

Zip Code

34996-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475460

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Allen, JR

Mailing Address 20050 NW 10th St

City

Pratt

State

KS

Zip Code

67124-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475461

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Roy Siragusa

Mailing Address 28 Winding Creek Way

City

Ormond Beach

State

FL

Zip Code

32174-6773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475462

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bill Warren

Mailing Address UWMC
Box 357115

City

Seattle

State

WA

Zip Code

98195-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475463

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475559

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

541.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475560

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475561

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475562

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475563

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475565

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475567

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stuart Markowitz

Mailing Address Jefferson Radiology PC
85 Seymour St Ste 200

City State Zip Code
Hartford CT 06106-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475571

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr. Martin Schwartz

Mailing Address Radiology Associates of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475572

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475573

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jaendl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475574

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475576

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475577

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City State Zip Code
Augusta GA 30912-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475578

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Carl D'Orsi

Mailing Address Emory Univ Hosp
1701 Uppergate Dr 1st Fl C1104

City State Zip Code
Atlanta GA 30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475580

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code
Arden Hills MN 55112-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475582

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

133.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 32475583

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 32475584

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Limbacher, II

Mailing Address Putnam Radiology PC
315 N Washington Ave Ste 209

City

Cookeville

State

TN

Zip Code

38501-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Radiology, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 32475585

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475587

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. William Way, JR

Mailing Address 7713 Oakmont PI

City State Zip Code
Raleigh NC 27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475588

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City State Zip Code
Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475589

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

163.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rife Huckabee

Mailing Address 3720 Rabbit Creek Ct

City

Theodore

State

AL

Zip Code

36582-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475590

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15206-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475593

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Jr., M.D. Charles Schranck

Mailing Address 75 Fairmount Dr., North

City

Alton

State

IL

Zip Code

62002-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475594

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

238.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475596

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City

Greenville

State

NC

Zip Code

27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475597

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marc Glickstein

Mailing Address 962 Mott Hill Rd

City

S Glastonbury

State

CT

Zip Code

06073-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson X-Ray

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475599

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

143.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City

Cheyenne

State

WY

Zip Code

82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475600

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475601

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32475602

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kerry Chandler

Mailing Address 4100 Mullcroft PI

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475614

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leah Schafer

Mailing Address 101 Beacon Street Apt 7

City

Boston

State

MA

Zip Code

02116-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475723

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Darren M. Davenport

Mailing Address 1948 1st Ave NE

City

Cedar Rapids

State

IA

Zip Code

52402-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Edward Fallon, III

Mailing Address West Reading Radiology Assoc
301 S 7th AveCity State Zip Code
West Reading PA 19611-1410FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
socOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475725

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel McDonald

Mailing Address Newton-Wellesley Hospital
2014 Washington StCity State Zip Code
Newton MA 02462-1699FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton-Wellesley HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32475726

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Ahmed

Mailing Address 105 Royal Highlands Ln

City State Zip Code
Dothan AL 36305-9345FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 32518809

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Julia Alexander

Mailing Address 211 Asphodel Dr

City

Dothan

State

AL

Zip Code

36303-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32518812

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Beckett, JR

Mailing Address Radiology Associates of Dothan
1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32518813

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. J Scott Bolton

Mailing Address 105 Marigold Ln

City

Dothan

State

AL

Zip Code

36305-5843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32518814

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Brink

Mailing Address 106 Nottoway Blvd

City

Dothan

State

AL

Zip Code

36303-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32518815

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Downing

Mailing Address Radiology Associates of Dothan
1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519414

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Fernandez

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519415

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Holloway

Mailing Address 109 Sandy Springs Rd

City

Dothan

State

AL

Zip Code

36303-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519416

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Lund

Mailing Address 211 Asphodel Dr

City

Dothan

State

AL

Zip Code

36303-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519418

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ricardo Syklawer

Mailing Address 101 Royal Highlands Ln

City

Dothan

State

AL

Zip Code

36305-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brett Storm

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519838

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sibley Turner

Mailing Address 1900 Fairview Ave

City

Dothan

State

AL

Zip Code

36301-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519841

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. George Veale

Mailing Address 113 Royal Highlands Ln

City

Dothan

State

AL

Zip Code

36305-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Dothan, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519842

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address 527 N Palo Alto Ave

City

Panama City

State

FL

Zip Code

32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519844

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32519845

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520067

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address PO Box 1770

City

Panama City

State

FL

Zip Code

32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520069

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City

Panama City

State

FL

Zip Code

32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520071

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City

Panama City

State

FL

Zip Code

32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520073

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City

Panama City

State

FL

Zip Code

32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520074

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520173

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32520175

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

43586.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 85

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

762.70

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32682653

Amount of Each Receipt this Period

14.75

Interest

SUBTOTAL of Receipts This Page (optional)

14.75

TOTAL This Period (last page this line number only)

14.75

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael Thompson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 01

Transaction ID: 31914806

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Bill Owens For Congress

Mailing Address PO Box 1575

City
Plattsburgh

State
NY

Zip Code
12901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. William Owens

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 23

Transaction ID: 32111204

Date of Disbursement

11 / 01 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 05

Transaction ID: 32111206

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 32111404 Date of Disbursement																				
Mailing Address PO Box 133	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	9												
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Michael Castle	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Richard Burr Committee; The	Transaction ID: 32111405 Date of Disbursement																				
Mailing Address Post Office Box 5928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	9												
City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Richard M. Burr	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 32111420 Date of Disbursement																				
Mailing Address 6380 Wilshire Blvd. #1612	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	9												
City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Henry A. Waxman	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Taking the Hill PAC

Mailing Address 499 South Capitol Street, S.W.
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Taking the Hill PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32111423

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Kurt Schrader For Congress

Mailing Address 2236 Southeast 10th Avenue
Suite 240

City Portland State OR Zip Code 97214

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Kurt Schrader

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 32111426

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Hoosiers For Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Baron Hill

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 32111433

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 32111434 Date of Disbursement																				
Mailing Address PO Box 5458	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	9												
City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. John M. Shimkus	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19																					
B. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress	Transaction ID: 32111438 Date of Disbursement																				
Mailing Address 200 North Main St. P.O. Box 712	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												
City Monticello State IN Zip Code 47960	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Steve Buyer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 04																					
C. Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 32111439 Date of Disbursement																				
Mailing Address PO Box 581 Post Office Box 581	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	9												
City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Michael J. Rogers	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08																					

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Scott M. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32111440</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>11 / 04 / 2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32111441</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>11 / 04 / 2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1500.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) America's Leadership PAC</p> <p>Mailing Address 607 14th Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name America's Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32124539</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>11 / 03 / 2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 32124540

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Sherrod Brown

Mailing Address PO Box 76187
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Sherrod Brown

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 32124544

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Michael J. Rogers

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 32124549

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City
Palm SpringsState
CAZip Code
92263

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mary Bono Mack

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 32124699

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Bill Cassidy For Congress

Mailing Address 8550 United Plaza Blvd.
Suite 1001City
Baton RougeState
LAZip Code
70809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William Cassidy, MD

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 32124701

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Dan 10

Mailing Address 1088 Bishop Street Suite 1009

City
HonoluluState
HIZip Code
96813

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Daniel Inouye

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District:

Transaction ID: 32263276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Souder For Congress Inc.</p> <p>Mailing Address P.O. Box 40233</p> <p>City Fort Wayne State IN Zip Code 46804</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Mark E. Souder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 03</p>	<p>Transaction ID: 32287547</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 3</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Coulson For Congress</p> <p>Mailing Address PO Box 2354</p> <p>City Glenview State IL Zip Code 60025</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Elizabeth Coulson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 10</p>	<p>Transaction ID: 32287548</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 6</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marcia Fudge For Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Marcia Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 11</p>	<p>Transaction ID: 32288388</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">3000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Dan Maffei

Mailing Address PO Box 74

City
Syracuse

State
NY

Zip Code
13214

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Daniel Maffei

Office Sought:

☒ House

☐ Senate

☐ President

State: NY

District: 25

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 32290965

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mikulski For Senate Committee

Mailing Address P O B 13147

City
Baltimore

State
MD

Zip Code
21203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Barbara A. Mikulski

Office Sought:

☐ House

☒ Senate

☐ President

State: MD

District:

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 32336953

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 424 C Street, N.E.
Basement Unit

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

The Freedom Project

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2010

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 32337044

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Ginny Brown-Waite

Mailing Address PO Box 865

City
BrooksvilleState
FLZip Code
34605

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Virginia Brown-WaiteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: 32337137

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City
MineolaState
NYZip Code
11501

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Carolyn McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: 32337154

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Linder For Congress

Mailing Address P. O. Box 4026

City
DuluthState
GAZip Code
30096

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. John LinderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 07

Transaction ID: 32337231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Sue Myrick For Congress	Transaction ID: 32337303 Date of Disbursement
Mailing Address P.O. Box 37091	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Sue Wilkins Myrick	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress	Transaction ID: 32337692 Date of Disbursement
Mailing Address 8550 United Plaza Blvd. Suite 1001	<div> <div>11</div> <div>17</div> <div>2009</div> </div>
City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. William Cassidy, MD	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Walden For Congress	Transaction ID: 32338006 Date of Disbursement
Mailing Address PO Box 1091	<div> <div>11</div> <div>17</div> <div>2009</div> </div>
City Hood River State OR Zip Code 97031	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Gregory P. Walden	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory P. Walden

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: OR

District: 02

Transaction ID: 32338007

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: WA

District: 05

Transaction ID: 32338012

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City
New Castle

State
DE

Zip Code
19720

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Thomas Carper

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: DE

District:

Transaction ID: 32338016

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Majority Committee PAC	Transaction ID: 32339318 Date of Disbursement
Mailing Address P.O. BOX 10134	<div> <div>11</div> <div>18</div> <div>2009</div> </div>
City BAKERSFIELD State CA Zip Code 93389	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Majority Committee PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Majority Committee PAC	Transaction ID: 32340994 Date of Disbursement
Mailing Address P.O. BOX 10134	<div> <div>11</div> <div>18</div> <div>2009</div> </div>
City BAKERSFIELD State CA Zip Code 93389	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Majority Committee PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 32456274 Date of Disbursement
Mailing Address PO Box 12567	<div> <div>11</div> <div>18</div> <div>2009</div> </div>
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Rep. James E. Clyburn	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Fleming For Congress

Mailing Address P.O. Box 1236
Box 281

City Minden State LA Zip Code 71058

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. John Fleming

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: 32456404

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Republican Main Street Partnership PAC

Mailing Address c/o G&W 2201 Wisconsin Ave. NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

011

Category/
Type

Candidate Name
Republican Main Street Partnership PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32456498

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

CMR PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

011

Category/
Type

Candidate Name
CMR PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32456534

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Taking the Hill PAC</p> <p>Mailing Address 499 South Capitol Street, S.W. Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/> 011 Category/Type</p> <p>Candidate Name Taking the Hill PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32456607</p> <p>Date of Disbursement <div> <div>11</div> <div>23</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement <input type="text"/> 011 Category/Type</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 08</p>	<p>Transaction ID: 32813429</p> <p>Date of Disbursement <div> <div>11</div> <div>28</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund</p> <p>Mailing Address 715 Jones Street, Suite 101</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement <input type="text"/> 011 Category/Type</p> <p>Candidate Name Rep. Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 12</p>	<p>Transaction ID: 32813764</p> <p>Date of Disbursement <div> <div>11</div> <div>28</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2500.00</div> </p> <p>Told 9/14 contribution lost so new check cut but both contributions deposited-Refund sent 12/18/09</p>

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

102500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 32682654

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2009

Amount of Each Disbursement this Period

464.53

Bank fees

SUBTOTAL of Disbursements This Page (optional)

464.53

TOTAL This Period (last page this line number only)

464.53